



TOWN OF EASTHAM
ZONING BOARD OF APPEALS
2500 State Highway
Eastham, MA 02642

APPEAL# _____

MAP _____ PARCEL _____

DATE SUBMITTED: _____

TOWN CLERK: _____

PLEASE TYPE OR PRINT CLEARLY IN INK

Fee: \$125.00

ZONING BOARD OF APPEALS APPLICATION

The undersigned hereby applies to the Eastham Zoning Board of Appeals for a: (check all that apply)

_____ SPECIAL PERMIT _____ VARIANCE _____ APPEAL OF DECISION OF ZONING OFFICER

SECTION OF THE BY-LAWS APPEALING: _____

BRIEF DESCRIPTION OF PROPOSAL: _____

PROPERTY LOCATION: _____

NAME OF APPLICANT (OWNER'S AGENT): _____

APPLICANT'S ADDRESS: _____

APPLICANT'S PHONE NUMBER: _____

NAME OF OWNER: _____

OWNER'S ADDRESS: _____

SIGNATURE OF OWNER/APPLICANT*: _____

***If applicant is not the property owner of record, written authorization from the owner must accompany this application.**

PRESENT USE OF PREMISES: _____

NUMBER OF BUILDINGS ON LOT _____ NUMBER OF HABITABLE DWELLINGS _____

PLEASE BE ADVISED THAT BY MAKING THIS APPLICATION, YOU ARE AUTHORIZING THE BOARD OF APPEALS MEMBERS AND THEIR AGENTS TO MAKE SITE INSPECTIONS OF SUBJECT PROPERTY. IT IS IMPERATIVE THAT THE STREET AND PROPERTY IN QUESTION ARE MARKED TO FACILITATE IDENTIFICATION. Please provide directions to the property if necessary.